

**Exhibit 10-1**

**HYSTERECTOMY CONSENT FORM**

Arizona Health Care Cost Containment System  
(AHCCCS)  
Hysterectomy Consent Form

A hysterectomy is the removal of the whole uterus (womb). A hysterectomy cannot be undone and it will permanently prevent you from having children. A hysterectomy should only be done when there is a disease of the woman's uterus or some other problem that can only be treated by removing the uterus. It is a serious operation and there are discomforts and a chance of serious health problems.

AHCCCS does not cover hysterectomy procedures when performed only for the purpose of rendering an individual sterile.

By signing below, I hereby consent of my own free will to be sterilized by a hysterectomy which will render me permanently incapable of reproducing. My signature also acknowledges that I have read and understood the above information.

|   |   |
|---|---|
| _____<br>Patient Signature                    | _____<br>Date                           |
| _____<br>Patient AHCCCS Identification Number | _____<br>Patient Social Security Number |

In accordance with Federal Regulation, 42CFR §441.258, the signatures and dates below are required in order for reimbursement to be made.

|   |               |
|---|---------------|
| _____<br>Physician who performed the hysterectomy                         | _____<br>Date |
| _____<br>Person who obtained the patient's consent<br>to the hysterectomy | _____<br>Date |
| _____<br>Interpreter, if provided   | _____<br>Date |